

○ **PRINTER RUSH** ○
(PTO ASSISTANCE)

HL

SF
(PLANT)

Application : 10/615861

Examiner : BELL

GAU : 1661

From: Ab

Location: IDC FME FDC

Date: 3/1/05

Tracking #: 7

Week Date: 7

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input checked="" type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
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[RUSH] MESSAGE: Issue fee = This is a PLANT application. Issue fee code should be 2503 or 1503 instead of 2501, please correct.

Thank You

[XRUSH] RESPONSE: Issue fee has been corrected

INITIALS: DK

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20792 7590 08/19/2004

MYERS BIGEL SIBLEY & SAJOVEC
PO BOX 37428
RALEIGH, NC 27627

11/10/2004 HNGUYEN2 00000179 10615861

01-FC-2501-
02-FC-1504-
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Sarah Brummeier (Depositor's name)
Sarah Brummeier (Signature)
11/9/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,861	07/09/2003	Thomas G. Ranney	5051.637	1369

TITLE OF INVENTION: HYBRID CALYX ANTHUS PLANT NAMED 'VENUS'

Repln. Ref: 11/10/2004 HNGUYEN2 0013463600

DAB:500220 Name/Number:10615861

FC-0204 \$15.00 FR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX	XXX	\$300	XXX	11/19/2004
EXAMINER	NO	\$640.00	CLASS-SUBCLASS	\$940.00	
BELL, KENT L	1661	PLT-226000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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Myers Bigel Sibley & Sajovec, P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

North Carolina State University

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Raleigh, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies: 5 copies @ \$15/ea

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Karen A. Magti, Reg. No. 41,965

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